

**KENTUCKY BOARD OF DENTISTRY**  
**INSTRUCTIONS FOR REGISTRATION AS A DENTAL ASSISTANT**

Rev. July 2010

- Applications are valid for 6 months from the date received in the Board office. If you have not been registered by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- It is the applicant's responsibility to call the Board office to check on the status of his or her application.

**DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION**

- \_\_\_\_\_ 1. Submit a completed and signed "Application for Dental Assisting Registration." Use the name under which you wish to be registered.
- \_\_\_\_\_ 2. Provide proof of one (1) year dental office experience along with the name and address of the supervising dentist. If you have successfully completed a CODA accredited dental assisting program, you may register by submitting an official final transcript of your dental assisting course work **with your degree posted** and with a seal or registrar's stamp on the transcript. **The transcript must be sent directly to the Board office from the school or university.**
- \_\_\_\_\_ 3. You must complete a Kentucky Cabinet of Health and Family Services (CHFS) approved HIV/AIDS course. For approval of HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit their website at: <http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm>. Please send a copy of your completion certificate.
- \_\_\_\_\_ 4. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. **Send a copy of the front and back of the card.**
- \_\_\_\_\_ 5. Submit a criminal background check from the state or states of residence for the last five (5) years. If you are a Kentucky resident please visit the Administrative Office of the Courts website at: <http://courts.ky.gov/aoc/courtservices/recordsandstatistics/records.htm>. If you were a resident out of state any of the five (5) years please make sure you submit a statewide check from each state. You may also submit a background check by fingerprint.
- \_\_\_\_\_ 6. Provide verification within three (3) months of the date of application is received at the office of the board any license or registration to practice dental assisting held previously or currently in any state or jurisdiction (copy of license or registration not accepted). **These must be sent directly to the Board office from each jurisdiction.**

**Make check payable to: KENTUCKY BOARD OF DENTISTRY**  
**Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101**  
**LOUISVILLE KY 40222**  
**PHONE: 502/429-7280**